



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E375472**

CASE #	<b>14-02838</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>02</b>
OBJECT STRUCK	

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION	
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DATE OF COLLISION	<b>11</b>	<b>10</b>	<b>2014</b>	TIME (2400)	<b>2130</b>	COUNTY #	<b>31</b>	MILES	<b>N</b>	<b>E</b>	IN	<input checked="" type="checkbox"/>	CITY #	<b>0664</b>
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		
<b>FRONTIER CIRCLE E</b>			BLOCK NO. <input checked="" type="checkbox"/>	<b>1100</b>
			MILE POST	

DISTANCE		MILES	<b>N</b>	<b>E</b>	OF (REFERENCE OR CROSS STREET)	
		FEET	<b>S</b>	<b>W</b>		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	
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LAST NAME	<b>UNKNOWN</b>	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	<b>U</b>	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>9</b>	HELMET USE	<b>9</b>	INJURY CLASS	<b>0</b>	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #	
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	<b>D: 2064981763</b>	<b>N: 2067075970</b>
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LAST NAME	<b>CRANE</b>	FIRST NAME	<b>MARCUS</b>	MIDDLE INITIAL	<b>R</b>
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STREET NEW ADDRESS	<b>802 79 DR NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>98258</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	<b>M</b>	D.O.B.	<b>12</b>	<b>19</b>	<b>1994</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>9</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
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LICENSE PLATE #	<b>FAN01</b>	STATE	<b>WA</b>	VIN#	<b>JTHBD192030066722</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2003</b>	MAKE	<b>LEXU</b>	MODEL	<b>JS3</b>	STYLE	<b>4C</b>	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	<b>ALL STATE 964712116</b>
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	<b>N. ADAMS #127</b>	BADGE OR ID #	<b>127</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E375472**

CASE # **14-02838**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 11/11/14 at about 1545 hours, (all times approximate) I was dispatched to a collision (hit and run unattended) which occurred at 1109 Frontier Circle East in the city of Lake Stevens.

I met the reporting party, Marcus R. Crane (DOB 1994), at his house at 802 79th Dr NE in the city of Lake Stevens. Marcus said on 11/10/14 he was at the Team Fitness gym from about 2130 hours to 2300 hours. Marcus said the next morning, 11/11/14, he went out to his car (LIC: Seahawks specialty plate FAN01) in his driveway and noticed damage to the front, driver side fender of the vehicle that wasn't there before he left for the gym the day before. Marcus said his car belonged to his dad, John Crane, and provided John's home phone number in his statement.

I took digital photographs of the damaged vehicle which were later printed and added to the case report and copied to a compact disk and booked into evidence.

I cleared the scene at 1632 hours.

On 11/12/14 at about 0815 hours, I spoke with the owner of Team Fitness, Mike, who said review of the video footage did not show a hit and run collision in the Team Fitness parking lot.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**N. ADAMS #127**

**11-13-14 06:10 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

**11/19/2014 12:35:09 AM**

BADGE OR ID # **127**

ORI # **WA0311900**

TIME POLICE DISPATCHED **3:48 PM**

TIME POLICE ARRIVED **3:49 PM**

**NOT OBSERVED**

**ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>Hit and Run Unattended</b>	INCIDENT NUMBER <b>14-02838</b>
NAME OF VICTIM(S) <b>Crane, Marcus R.</b>		

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**ATTACHMENTS:**

Statement – Marcus  
Evidence Log Sheet  
CAD run

**RECOMMENDATIONS:**

Due to the lack of investigative leads this case is being closed in the files of this office. This case is subject to reopening pending further information and evidence that would identify any possible suspect/s.

**END OF REPORT.**

**LSPD  
ORIGINAL**

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>N. ADAMS #127</b>	APPROVED BY  #127	 11/18/14
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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02838

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Crane, Marcus R.	RACE	ETH	SEX M	DOB 12/19/94	AGE 19	HGT 5'11"	WGT 175	HAIR BL	EYES GR
STREET ADDRESS 802 79th DR NE		CITY Lake Stevens			STATE WA	ZIP 98268	RES. STATUS In State			
HOME PHONE (206) 498-1763		CELL PHONE (206) 707-5970			PLACE OF EMPLOYMENT N/A					
WORK PHONE		EMAIL ADDRESS cranemaster24@gmail.com								

I, Marcus Crane, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I arrived at Team Fitness gym at approximately 9:30 pm on Monday Nov. 10th in Lake Stevens. I left Team Fitness at 11:00 pm that same night, not noticing any difference to my car because it was dark outside. The next day, in the driveway, I went outside and noticed immediately that there was damage done to my drivers side fender, that wasn't there previously going to the gym. I called the owner of Team Fitness, which he agreed to cooperate with video footage during that time frame in which my car was hit. The registered owner of the vehicle is John Crane, his home phone number is above.

**LSPD  
ORIGINAL**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Marcus Crane</u>	DATE SIGNED Nov. 11, 2014	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <u>Adams #127</u>	DATE SIGNED 11/11/14	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



LSPD  
ORIGINAL



LSPD  
ORIGINAL



Case # 14-02838

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number #127 <i>Adams</i>		Case Number 14-02838				
Type of Crime: Felony <input checked="" type="checkbox"/> Misdemeanor (Circle)		Type of Case: <i>Hit/Run/Unattended</i>		Date/Time: 11/11/14 1800				
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification						
Item # <i>NA1</i>  Action # <i>1</i>	Item <i>CD with pics</i>		Brand Name <i>Compucessory</i>		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name <i>LSPD</i>		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only:								
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>		Date:		CAD/RMS Checked		ROUTING: _____
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:		White: Property Room
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:		Yellow: Case File

**LSPD  
ORIGINAL**



Incident History for: #SS14022491

Case Numbers: \$SS14002838

Received 11/11/14 15:45:35 BY SPCT10 SP0153  
Entered 11/11/14 15:47:33 BY SPCT10 SP0153  
Dispatched 11/11/14 15:48:01 BY SPDP17 SP0194  
Enroute 11/11/14 15:48:01  
Onscene 11/11/14 15:49:24  
Closed 11/11/14 16:32:13

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: 9

Loc: 1109 FRONTIER CI E ,LKS -- TEAM FITNESS ,LKS btwn 91 AV NE & DEAD END (V)

Latitude: (+) 48.012947 Longitude: (-) 122.175479

Loc Info:

Name: CRANE, MARCUS

Addr: 802 79 DR NE

Phone: 2067075970

/1547 (SP0153) ENTRY ,PH RP ADDR, COLD, H/R TO RP'S VEH,  
/1548 (SP0194) DISPER 19D2 [802 79 DR NE ]  
#SS127 ADAMS, OFFICER (NATHAN)  
  
/1549 (SS127 ) \*ONSCNE 19D2  
/1559 (SP0194) ENROUT 19D2  
/1602 (SS127 ) \*ONSCNE 19D2  
/1614 (SP0194) ASNCAS 19D2 \$SS14002838  
/1618 (SP0194) NEWLOC 19D2 [1109 FRONTIER CI E ,LKS]  
/1625 (SS127 ) \*ONSCNE 19D2  
/1631 \*MISC 19D2 ,SPOKE WITH MIKE, OWNER OF TEAM FITNESS, WHO SAI  
D HE COULD GET THE VIDEO SURVEILLANCE LATE TONIG  
HT OR TOMORROW. I'LL FLUP HERE TOMORROW MORNING  
D/H  
  
/1632 \*CLEAR 19D2  
/1632 CLOSE 19D2

LSPD  
ORIGINAL